

CHLAMYDIA

I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** A sexually transmitted disease (STD) caused by obligate intracellular bacteria, *Chlamydia trachomatis*. The disease is characterized by urethritis in males and mucopurulent cervicitis in females. However, males and females may be asymptomatic. Possible complications in males include epididymitis that can lead to sterility. Individuals who engage in receptive anorectal intercourse may develop chlamydia proctitis. Common complications in women include salpingitis and chronic infection of the endometrium and fallopian tubes. These complications can lead to infertility and ectopic pregnancies. Chlamydia can be spread perinatally to the eyes of a newborn. Babies born to infected mothers may also develop pneumonia within the first 3 months of life. Endocervical chlamydia infection has been associated with increased risk of HIV infection.
- B. **REPORTING CRITERIA:** Laboratory confirmation of *Chlamydia trachomatis* by cell culture or non-culture test.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
- Isolation of *C. trachomatis* by culture, **OR**
 - Demonstration of *C. trachomatis* in clinical specimens by detection of antigen or nucleic acid.
- D. **KENTUCKY CASE DEFINITION:** A laboratory confirmed infection.

II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. **KENTUCKY DISEASE SURVEILLANCE REQUIRES ROUTINE REPORTING.**
REPORT TO THE LOCAL OR STATE HEALTH DEPARTMENT within 5 business days of the identification of a case or suspected case. Public health intervention is available on request of the reporting physician.
- B. **EPIDEMIOLOGY REPORTS REQUESTED:**
- Kentucky Reportable Disease Form – EPID 200 (Rev. Jan/03). Note: Section labeled “Additional Information for Sexually Transmitted Diseases Only” must be completed.
- C. **PUBLIC HEALTH INTERVENTIONS:**
- Patients should be counseled for their risk of HIV and methods to reduce other STDs.
 - Patients should also be tested and treated for gonorrhea.
 - Patients should be advised to avoid sex until they and their partner(s) complete therapy.

- Source investigations by LHD will be done upon request of the patient or when the LHD deems appropriate. All sexual partners of women and asymptomatic men within 60 days prior to the patient's date of treatment should be examined and treated. For males with symptomatic chlamydia infection, the interview period is also 60 days prior to the onset of symptoms.
- All contacts should be screened for syphilis, gonorrhea and chlamydia and be offered HIV counseling and testing. They should receive immediate preventive treatment for chlamydia.
- Infection during pregnancy may result in conjunctival and pneumonic infection in the newborn. Prenatal screening can prevent chlamydia infections in neonates.
- All infants with conjunctivitis <30 days of age should be evaluated for chlamydia. Chlamydial pneumonia can occur one to three months after birth. These infants are at increased risk for abnormal pulmonary function later in childhood.

III. CONTACTS FOR CONSULTATION

- A. KENTUCKY SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM:
502-564-4804.
- B. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, COMMUNICABLE DISEASE
BRANCH: 502-564-3261.
- C. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, DIVISION OF LABORATORY
SERVICES: 502-564-4446.

IV. RELATED REFERENCES

1. Chin, James, ed. CHLAMYDIAL INFECTIONS. In: Control of Communicable Diseases Manual. 17th ed. Washington, DC: American Public Health Association, 2000: 97-99.
2. 1998 Guidelines for the Treatment of Sexually Transmitted diseases, MMWR Vol. 47(RR - 1).
3. Sexually Transmitted Diseases Clinical Practice Guidelines, 1991, CDC.
4. Recommendations for the Prevention and Management of *Chlamydia trachomatis* Infections, 1993, MMWR Vol. 42(RR-12).